

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT/EST

FILING DATE

69/806801

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							61								
2							62								
3							63								
4							64								
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47															
48															
49															
50															
TOTAL IND.	2						TOTAL IND.								
TOTAL DEP.	2						TOTAL DEP.								
TOTAL CLAIMS	23						TOTAL CLAIMS								